KY Hepatitis Connections

We are pleased to share with you the May issue of *KY Hepatitis Connections*. The *KY Hepatitis Connections* provides current information, opportunities for viral hepatitis continuing professional education and information about educational materials available.

Please feel free to forward and/or copy and distribute to other professionals in your network. Your knowledge and input are greatly valued, as we are committed to keeping you up to date on shared progress in the medical community on viral hepatitis (particularly caused by hepatitis A virus, hepatitis B virus, and hepatitis C virus) and its impact on our families throughout the Commonwealth.

Kathy Sanders, RN MSN

REMINDER:

May is Viral Hepatitis Awareness Month

The month of May is designated as Hepatitis Awareness Month. As you are aware, viral hepatitis is the most common blood-borne illness in the world. Chronic viral hepatitis B & C infections are "silent diseases" because frequently, those infected have no obvious symptoms. Without appropriate screening and management of the disease, some chronic viral hepatitis carriers frequently die from liver cancer and can pass on the infection to others.

The Kentucky Adult Viral Hepatitis Program urges your organization to plan activities throughout the month of May to acknowledge Viral Hepatitis Awareness Month. It is our hope to raise awareness of the health threat of viral hepatitis to our communities throughout the Commonwealth, renew support for those living with the disease, and commit to a future free of these illnesses.

The CDC has developed the following tools for Hepatitis Awareness Activities, Videos for Public Service Announcements aimed at testing for Baby Boomers, and on-line Risk Assessments tools for Hepatitis testing and vaccination recommendations. See the links below:

You tube Video: https://www.youtube.com/watch?feature=player_embedded&v=S_bDKPMsNNY

Risk Assessment: http://www.cdc.gov/hepatitis/riskassessment/

Resources for Hepatitis Awareness Month: http://www.cdc.gov/hepatitis/HepPromoResources.htm and http://www.cdc.gov/hepatitis/HepAwarenessMonth.htm?s_cid=hepatitis_004 .

If you have not planned activities for Viral Hepatitis Month, it's not too late!

Hepatitis C: Did You Know? YouTube Video

CDC issued a recommendation that all Americans born from 1945-1965 get tested for Hepatitis C. People in this age group are five times more likely to have Hepatitis C. This short video describes what Hepatitis C is and why testing is important.
http://www.youtube.com/watch?v=S_bDKPMsNNY

Viral Hepatitis: Are you at risk?

Take this 5 minute Hepatitis Risk Assessment developed by the CDC and get a personalized report.
http://www.cdc.gov/hepatitis/RiskAssessment/

Hepatitis Testing Day Events Page

May 19, 2013 is the second national Hepatitis Testing Day. Learn About Hepatitis Testing Events in May.
http://www.cdcnpin.org/HTD/HTD.aspx

Hosting a testing event? Fill out an event submission form:
http://www.cdcnpin.org/HTD/SubmitEvent.aspx

Hep Web Study

Features interactive, case-based modules with free CE credits, slide library with presentations for downloading, and a glossary of definitions and terms.
http://depts.washington.edu/hepstudy/

Know More Hepatitis - Hepatitis C Campaign

Resource Highlight:
Fact Sheet- Why Baby Boomers Should Get Tested for Hepatitis C available in English and Spanish
http://www.cdc.gov/knowmorehepatitis/index.htm

Sex between monogamous heterosexuals rarely source of hepatitis C infection

Individuals infected by the hepatitis C virus (HCV) have nothing to fear from sex in a monogamous, heterosexual relationship. Transmission of HCV from an infected partner during sex is rare according to new research published in the March issue of *Hepatology*, a journal published by Wiley on behalf of the American Association for the Study of Liver Diseases (AASLD).

Experts estimate that HCV affects up to 4 million Americans, most of whom are sexually active. Medical evidence shows HCV is primarily transmitted by exposure to infectious blood, typically through intravenous (IV) drug use. However, there are conflicting reports regarding sexual activity and HCV transmission with some studies suggesting that exposure to infected blood during sex—through bodily fluids such as vaginal secretions, semen or saliva—may carry a minimal infection risk.

"Generally the risk for transmitting HCV to sex partners is very low," explains lead study author Dr. Norah Terrault with the University of California, San Francisco. "Yet, lack of quantitative data about the risk of HCV transmission with sexual activity remains a limitation for doctors counseling their patients on safe sex practices."

To specifically quantify the risk HCV transmission from a chronically infected individual to their sex partner, researchers recruited 500 anti-HCV-positive individuals, who were negative for the human immunodeficiency (HIV), and their long-term heterosexual partners. Couples were surveyed about lifetime risk factors for HCV infection, sexual practices of the couple, and sharing of personal items. The team analyzed blood samples to determine the presence or absence of active virus in the blood and compared the HCV strains in those couples with HCV present.

The majority of HCV infected individuals who participated in the study were non-Hispanic whites, had a median age of 49 years, and sexual activity with their partners ranging from 2 to 52 years. HCV prevalence among partners was 4%, with 9 couples having similar viral strains and viral samples from 3 couples were highly related which is consistent with HCV transmission between the partners.

The maximum incidence rate of HCV transmission by sex was 0.07% per year or roughly 1 per 190,000 sexual contacts that researchers based upon 8377 person-years of follow-up. The team did not identify any specific sexual practices linked to HCV infections among the couples. "Our study provides clinicians with important information for counseling chronic HCV patients in long-term sexual relationships, supporting the current recommendations that couples not change their sexual practices if they are in a monogamous heterosexual relationship," concludes Dr. Terrault.

Bristol-Myers oral hepatitis C regimen looks competitive: study

(REUTERS) - A COMBINATION OF THREE EXPERIMENTAL BRISTOL-MYERS SQUIBB HEPATITIS C DRUGS APPEARED TO BE HIGHLY EFFECTIVE, ACCORDING TO DATA FROM A MID-STAGE CLINICAL TRIAL, KEEPING THE COMPANY IN THE RACE FOR DEVELOPING AN ALL-ORAL TREATMENT REGIMEN FOR THE SERIOUS LIVER DISEASE.

The multi-pronged study included 66 patients with the most common and difficult to treat genotype 1 form of the disease who had not previously been treated. It tested a combination of daclatasvir, from a promising new class of drugs called NS5A inhibitors, a protease inhibitor called asunaprevir, and either 75 milligrams or 150 milligrams of BMS-791325 ('325), a non-nucleoside polymerase inhibitor. The combinations were tested for either 24 weeks or 12 weeks of treatment.

The combination therapy, which involves three direct acting antiviral drugs that each attack different targets needed for replication of the hepatitis virus, achieved cure rates as high as 94 percent when given for either 12 weeks or 24 weeks, according to results of the small study.

http://www.reuters.com/article/2013/04/23/us-bristolmyers-hepatitis-idUSBRE93M0DI20130423

PENNSYLVANIA: "Jefferson Hospital Warns of Possible Infections"

Philadelphia Inquirer (04.16.13): Marie McCullough

Thomas Jefferson University Hospital in Philadelphia has sent letters warning 51 patients who underwent gastrointestinal procedures at the hospital. The letters warned of potential exposure to blood-borne viruses that cause hepatitis B, hepatitis C, and HIV. The possible contamination occurred during four weeks in February and March of 2013 because of a lapse in the hospital's infection-control measures. Hospital spokeswoman Jacqueline Kozloski said that later review of patients' records found no known cases of HIV infection. Jefferson University Hospital offered the patients free blood tests to check for infection and in a statement said, "As of last week, 48 patients had received their free baseline testing and there was no evidence of infection." The hospital recommended that all patients get additional follow-up testing.

In gastrointestinal endoscopic procedures, a flexible fiber-optic scope is threaded into the digestive tract to view the intestines, stomach, or esophagus; surgical instruments may also be inserted to remove samples of biopsy tissue. Jefferson Hospital explained in the letter to patients that during a biopsy, "sterile, single-use" forceps are rinsed in a cup of water that is supposed to be discarded after the procedure; however, "some rinse water was reused for a small number of patients." The hospital said it was waiving the fee of the patients' GI procedures, and "in the highly unlikely event that an infection has been transmitted," the hospital will provide free follow-up treatment. As a corrective measure, Jefferson Hospital has reviewed infection-control practices and required retraining of all GI unit employees. Jefferson's website indicates that it performs more than 13,000 endoscopic procedures a year.

Expert medical groups have created strict guidelines for disinfecting GI endoscopy equipment. Consequently, transmission of infection is very rare, with an estimated frequency of one in 1.8 million procedures.

Hepatitis C Training Workshop

Alan Franciscus (pictured below with Kathy Sanders, Adult Viral Hepatitis Coordinator [left] and Jessica Schultz, Epidemiologist with Northern Kentucky District Health Department [right]), Founder and Executive Director of HCSP and HCV Advocate presented the Hepatitis C Training Workshop to a large group in Northern Kentucky on April 24th. Mark your calendars! Alan will be back in Kentucky on August 22nd. Additional information will be given when the location is finalized. Space is limited; registration will be listed on TRAIN, https://ky.train.org/DesktopShell.aspx

CEU/ CME Training Opportunities

This Month: Featured Cases: Hepatitis B & Pregnancy

http://www.hopkinscme.net/ofp/eViralHepatitisReview/ce.html

http://depts.washington.edu/hepstudy/hepC/index.html

Duke Clinical Research Unit to Conduct Hepatitis C Clinical Trial

RNAi-based therapeutics company Benitec Biopharma Limited announced Duke Clinical Research Unit, the early phase unit of the Duke Clinical Research Institute (DCRI), in Durham, North Carolina, as a site for its upcoming phase I/II first-in-man trial for TT-034 in Hepatitis C. TT-034 is being developed as a potential " one-shot-cure" for Hepatitis C (HCV).

SYDNEY and DURHAM, NC — "We are very excited to be working with Duke, a world renowned research institution with significant experience in this area," said Peter French, Ph.D., Chief Executive Officer of Benitec. "The TT-034 trial marks the transition of Benitec to a clinical stage company. We expect that positive results from the trial will provide a value inflection point for the company, and also be a validation for our ddRNAi technology as an effective platform for therapeutics."

Read More:
http://www.mdnews.com/news/2013_03/duke-clinical-research-unit-to-conduct-hepatitis-c-clinical-trial.aspx

Once-Daily Ribavirin Promising for Hepatitis C

Megan Brooks/ International Conference on Viral Hepatitis (ICVH) 2013: Abstract 30. Presented March 25, 2013.

For patients with hepatitis C virus receiving triple therapy, once-daily ribavirin dosing does not increase gastrointestinal adverse effects, and most patients prefer it over twice-daily dosing.

This finding comes from a study presented at the International Conference on Viral Hepatitis (ICVH) 2013 in New York City, which was sponsored by the International Association of Providers of AIDS Care and the Icahn School of Medicine at Mount Sinai.

Ribavirin is approved for twice-daily or divided dosing, but many of the new antivirals in the pipeline for hepatitis C will be taken once daily. "For convenience, we were interested in looking at once-daily ribavirin dosing," said presenter Kian Bichoupan, who is a graduate student at the Icahn School of Medicine at Mount Sinai in New York City.

Read more: http://www.medscape.com/viewarticle/781464

Daclatasvir/asunaprevir effective in difficult-to-treat HCV populations

Most patients with chronic hepatitis C who had been ineligible for or nonresponsive to interferon-based treatment benefited from dual therapy with daclatasvir and asunaprevir in a recent study.

In an open-label, phase 2a study, researchers administered 24 weeks of dual oral therapy with 60 mg NS5A replication complex inhibitor daclatasvir (DCV) once daily and 200 mg NS3 protease inhibitor asunaprevir (ASV) twice a day to 43 Japanese patients aged 20 to 75 years with chronic HCV genotype 1b. The cohort included 21 null responders and 22 who had been ineligible or intolerant to previous therapy with pegylated interferon-alfa and ribavirin (PegIFN-a/RBV).

Read more: http://www.healio.com/hepatology/chronic-hepatitis/news/online/%7B59f64758-cdd6-4495-afea-37f21060f831%7D/daclatasvirasunaprevir-effective-in-difficult-to-treat-hcv-populations

CALIFORNIA: "Formal HCV Education Improved Time to Therapy Initiation, Response"

Healio (04.03.13)

A recent study indicated that individuals with hepatitis C virus (HCV) infection who participated in a class about the disease began therapy more quickly and experienced sustained virologic response (SVR) more often than those who did not participate in the class. Researchers conducted a cross-sectional survey of 94 San Francisco-based primary care providers and performed a retrospective records review of 118 HCV-infected patients before and after a formal HCV education class. A liver clinic nurse practitioner presented the 2-hour class, which focused on HCV symptoms, diagnosis and transmission, candidacy for therapy, and side effects of treatment.

Results show that the 60 class participants had a significantly shorter time to treatment initiation than the 58 patients who did not participate in the class (median 136 days versus 284 days). More class participants had SVR to treatment (68 percent versus 50 percent), had lower discontinuation rates from side effects (3 percent versus 12 percent), and had fewer relapses (16 percent versus 28 percent) than those who did not attend the class. Multivariate analysis indicated that participation and HCV genotype were significantly associated with SVR. There was a significant negative association between HCV education and the time to therapy initiation after adjusting for age, sex, race, HCV genotype, and liver disease severity. None of the differences was statistically significant.

Data indicate that 90 percent of responding providers knew of the program and 40 percent referred approximately half of their patients to it. Seventy percent of respondents believed the class increased their knowledge of the disease, interest in treatment, and patient-physician communication. The researchers concluded that formal HCV education by liver specialists creates efficiencies in resource-limited healthcare systems, which allows for better access to specialty care and treatment services, and improves effectiveness of HCV antivirals. Also, interventions that increase provider knowledge of the disease and the importance of patient education in improving disease management will enhance HCV care coordination and improve the success of therapy, especially in vulnerable populations.

The full report, "Formal Hepatitis C Education Enhances HCV Care Coordination, Expedites HCV Treatment and Improves Antiviral Response," is published online in the journal Liver International (2013; doi: 10.1111/liv.12150).

OHIO: "Advocates Push for Syringe-Exchange Program"

Cincinnati.com (04.07.13):: Mark Curnutte

Advocates for a syringe-exchange program, alarmed by increases in HIV and hepatitis C cases in the city of Cincinnati and Hamilton County, are taking their case to the Hamilton County Public Health Board on April 8. Mostly white male injection drug users are causing the rise in intravenous heroin use. In 2011, Hamilton County recorded 189 drug overdose deaths, primarily from opioids such as heroin and prescription painkillers such as Percocet and OxyContin. In 2012, Hamilton County reported 108 new HIV cases, compared to 65 new cases in 2011.

The advocacy group, Hamilton County Response to the Opioid Epidemic, has worked six years to establish a syringe exchange program, just as Scioto and Cuyahoga counties already have. Dr. Judith Feinberg, a professor at the University of Cincinnati's College of Medicine and an infectious diseases specialist, declares, "The program would protect the public, reduce infections, and encourage involvement in (addictions) treatment."

Since 2009, Hamilton County numbers for men's and women's hepatitis C cases have risen steadily. The total number of cases in the county is approaching 1,200, the highest since 2005. Hepatitis C case numbers among African Americans has been mainly steady since 2003; however, hepatitis C cases among whites in Hamilton County increased from approximately 200 in 2009 to approximately 500 in 2012. The highest case concentration has occurred in Green and Colerain townships, Norwood, and the city neighborhoods of Westwood, East and West Price Hill, Downtown, Over-the-Rhine, Walnut Hills, and Avondale.

Advocates envision a program using a van that would focus immediately on three neighborhoods: Over-the-Rhine, Westwood, and Lower Price Hill. Heroin users frequently discard used needles in public spaces in those areas, said Adam Reilly, a program advocate and HIV specialist. Cincinnati Health Commissioner Noble Maseru executed an emergency order for a needle-exchange program in February 2012, but neither public health boards nor Maseru has the authority to create a program; only county and city lawmakers can do so. Cincinnati City Manager Milton Dohoney Jr. has opposed the syringe program, citing that possession of drug paraphernalia is illegal.

The Hamilton County Public Health Board will hold its monthly public meeting Monday, April 8, at 6:30 p.m. at 250 William Howard Taft Road, Cincinnati, Ohio. Syringe-exchange program advocates Adam Reilly and Dr. Judith Feinberg will present.

UNITED STATES: "Hepatitis Testing Conducted During Colonoscopy Appointments Aided Older Patients"

Healio (04.08.13)

Researchers investigated whether baby boomers would be willing to be tested for viral hepatitis during routine colonoscopies. The researchers offered hepatitis tests to 500 individuals ages 50 to 65 years during appointments for outpatient colonoscopy between October 2010 and January 2011. Of the 376 persons who accepted the offer, 346 gave blood samples and reported risk factors and vaccination history as well as their potential exposure to hepatitis. Researchers offered vaccination to participants who did not have immunity to hepatitis A (HAV) or B viruses (HBV) and scheduled follow-up meetings for those who tested positive for hepatitis C (HCV) antibodies or HBV antigen.

Of the 346 participants, 93 percent did not have immunity to HAV, HBV, or both; 240 patients tested negative for HAV; and 283 tested negative for HBV antibodies. Researchers found one or more risk factors for chronic hepatitis in 36 percent of participants; 8 percent had multiple risk factors. The most common risk factors were getting a tattoo before the year 2000 (8 percent), high-risk sexual behavior and/or having STDs (8 percent), and ever having injected or snorted drugs (7 percent). Researchers found HCV antibodies in four individuals; one person had detectable virus. All four participants who tested positive for HCV complied with testing and follow-up, and the individual with detectable virus received vaccination against HAV and HBV, improved his diet, stopped drinking alcohol, and agreed to noninterferon-based treatment.

Researchers contend that using an existing healthcare screening system is a highly desirable way of complying with CDC's recommendation for one-time hepatitis screening of baby boomers in the United States. They conclude that incorporating viral hepatitis screening with colorectal cancer screening has the potential to be an easily instituted mass-screening mechanism.

The full report, "Birth Cohort Screening for Chronic Hepatitis During Colonoscopy Appointments," was published online in the American Journal of Gastroenterology, (2013; doi: 10.1038/ajg.2013.50).

Drug Combo Yields Sustained HCV Response

By Michael Smith, North American Correspondent, MedPage Today, Published: April 24, 2013
Reviewed by Zalman S. Agus, MD; Emeritus Professor, Perelman School of Medicine at the University of Pennsylvania and Dorothy Caputo, MA, BSN, RN, Nurse Planner
AMSTERDAM – An "optimal regimen" of three anti-hepatitis C drugs and a general antiviral medication yielded high and sustained response rates in difficult-to-treat patients, a researcher said here.

In a phase II study, the combination had essentially identical cure rates whether given for 12 weeks or 24 weeks, according to Kris Kowdley, MD, of Virginia Mason Medical Center in Seattle.

And extending the treatment period did not lead to higher rates of relapse, Kowdley told *MedPage Today* during the meeting of the European Association for the Study of the Liver.

The main implication of the industry-sponsored study is that "there does not seem to be a need to go out to 24 weeks" in order to get high cure rates, Kowdley said.

Read More: http://www.medpagetoday.com/MeetingCoverage/EASL/38665

All-Oral Triple Combo Has High HCV Cure Rate

By John Gever, Deputy Managing Editor, MedPage Today

Published: April 24, 2013

Reviewed by Zalman S. Agus, MD; Emeritus Professor, Perelman School of Medicine at the University of Pennsylvania and Dorothy Caputo, MA, BSN, RN, Nurse Planner

AMSTERDAM -- Hitting hepatitis C virus (HCV) from three directions was a winner in a phase II trial involving patients with the particularly hard-to-treat viral genotype 1a, researchers said here.

Sustained 12-week viral response (SVR12) rates, indicating HCV viral loads too low to be measured, were seen in 89% to 94% of patients receiving various regimens that combined the investigational agents daclatasvir, asunaprevir, and BMS-791325, according to data slated for presentation this week at the annual meeting of the European Association for the Study of the Liver.

Two of the 66 patients enrolled in the trial had serious adverse events, but one was judged to be unrelated to study medications and the other occurred after a patient with viral breakthrough went on to receive conventional anti-HCV drugs.

Read More: http://www.medpagetoday.com/MeetingCoverage/EASL/38660

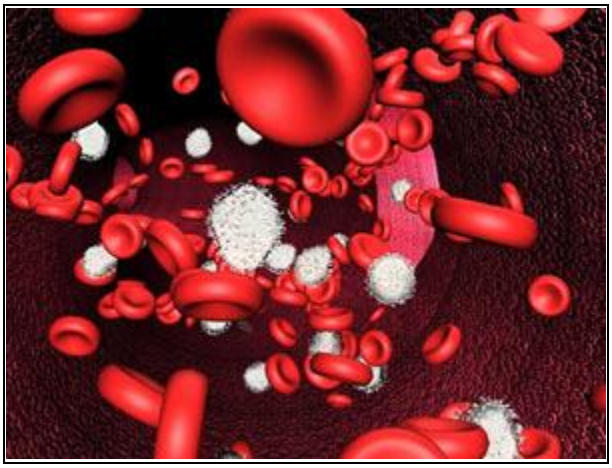
Anemia Top Side Effect of HCV Antivirals

By John Gever, Deputy Managing Editor, MedPage Today

Published: April 26, 2013

Reviewed by Zalman S. Agus, MD; Emeritus Professor, Perelman School of Medicine at the University of Pennsylvania and Dorothy Caputo, MA, BSN, RN, Nurse Planner

AMSTERDAM -- Two years after direct-acting antiviral drugs for hepatitis C virus (HCV) infection hit the U.S. market, anemia has been far and away their most significant adverse effect, researchers said here.



Outcomes in more than 1,400 U.S. patients taking a HCV protease inhibitor in routine practice for chronic infection indicated that more than half had experienced anemia, whether they received boceprevir (VICTRELIS) or telaprevir (INCIVEK), according to Michael W. Fried, MD, of the University of North Carolina in Chapel Hill.

Triple therapy with one of these drugs plus ribavirin and pegylated interferon is now the standard of care for HCV genotype 1.

Read More: http://www.medpagetoday.com/MeetingCoverage/EASL/38697

OHIO: "Research Finds Targeted Screening for Hepatitis C is Cost-Effective"

Infection Control Today (04.24.13)

Researchers at the University of Cincinnati investigated decision analytic models to explore the cost-effectiveness of screening in populations with differing prevalence of hepatitis C and risks of liver fibrosis or scarring in infected persons who have not been treated. The researchers—Mark Eckman, MD, the Alice Margaret Posey Professor of Internal Medicine, professor in the division of general internal medicine and University of California (UC) Health physician, and Kenneth Sherman, MD, PhD, Robert and Helen Gould Endowed Chair, professor in the division of digestive diseases, and UC Health physician—developed a computerized Markov state transition mode, a mathematical framework for modeling decision-making in situations where outcome is partly due to chance and partly controlled by a decision maker, to investigate screening in a US community with residents who showed no symptoms.

The model was tested on an ethnically- and gender-mixed adult population that had never been diagnosed. The population (mean age 46 years) was 49 percent male, 78 percent white, 13 percent black, and 9 percent Hispanic. The model explored strategies of screening followed by guideline-based treatment and no screening. Effectiveness was measured in quality-adjusted life years (QALYs), accounting for length of survival and quality of life, and costs were measured in US dollars.

In the base case, screening followed by guideline-based treatment using boceprevir as the antiviral, for those with chronic hepatitis C infection cost approximately $47,000 per QALY, which the researchers considered a cost-effective result. The marginal cost-effectiveness ratio of screening decreases as prevalence increases so that below a prevalence of 0.84 percent in a population, the marginal cost-effectiveness ratio is greater than the generally accepted societal willingness-to-pay threshold of $50,000 per QALY. In that case it is not considered highly cost effective. By targeting screening in populations with a higher estimated prevalence, screening and treatment of those infected would be cost effective.

The researchers concluded that targeted screening for populations with a higher estimated prevalence for hepatitis C may be cost effective. They also argue for the development and proliferation of tools to assist in the implementation of guidelines as the increasing use of electronic health records and computerized order entry provide new opportunities to combine guidelines and practice.

The full report, “Cost-Effectiveness of Screening for Chronic Hepatitis C Infection in the United States, is published online in the journal Clinical Infectious Diseases, (2013; doi:10.1093/cid/cit069).

Kentucky Immunization Program Cooperative Agreement: Adult Hepatitis B Vaccine

Kentucky Immunization Program (KIP) is pleased to announce the acceptance of a cooperative agreement (Grant) with CDC to help increase awareness of Adult Hepatitis B and to increase immunization rates of Hepatitis B vaccine. KIP is partnering with doctors, Local Health Departments, Kentucky Department of Correction and others who serve individuals who have a high risk for acquiring Hepatitis B Virus (HBV) infection. These partnerships will allow KIP and medical providers to increase Hepatitis B education and will give the opportunity to administer monovalent Hepatitis B vaccine series to those high-risk individuals as they present for medical care. This project began January 2013 and will continue through September 2014.

Why did KIP apply for this cooperative agreement? Based on data from the 2010 National Notifiable Disease Surveillance System (NNDSS), Kentucky's acute viral hepatitis B incidence in 2010 was 3.1 per 100,000, which surpassed the national average of 1.1 per 100,000.

The highest risk of acute hepatitis B occurs in young adults aged 25-45 with risk factors that include sexual contact with an infected person, sharing needles and drug injection equipment, sharing personal items, such as toothbrushes and razors, with an infected person, contact with blood of an infected person, individuals seeking drug treatment, and during delivery when an infected mother can spread the hepatitis B virus to her baby. Kentucky's high risk populations tend to be incarcerated adults in state correction facilities, people who seek services at Sexually Transmitted Disease (STD) clinics, men who have sex with men (MSM) and others who visit HIV/AIDS clinics, women seeking family planning services, residents of homeless shelters, people with hepatitis C virus infection, individuals with diabetes, and household and sexual contacts of pregnant women with chronic hepatitis B virus infection.

Please help us to help those of high risk by referring persons to your local Kentucky Health Department. If you need more information about this project, please contact Leslee Minch, RN at leslee.minch@ky.gov or 502.564.4478 ext 4259.

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